

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10825026 FILING DATE 04/10/04
APPLICANT(S) _____

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		/				
15		/				
16		/				
17		/				
18		/				
19		/				
20		/				
21		①				
22		②				
23		③				
24		④				
25		/				
26	/					
27		/				
28		/				
29		/				
30		/				
31	/					
32		/				
33		/				
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35		/				
36	/					
37	/					
38	/					
39	/					
40		/				
41		/				
42		/				
43		/				
44		⑤				
45		⑥				
46		/				
47		/				
48		/				
49		/				
50		⑦				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		⑧				
52		/				
53		/				
54		/				
55		/				
56		⑨				
57		⑩				
58	/	/				
59		/				
60	/	/				
61		/				
62	/	/				
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	11					
TOTAL DEP.	52					
TOTAL CLAIMS	63					